

Work Order ID 87455

87455

July-19-12 9:50:15 AM

Item ID: D3787-1

Revision ID:

Item Name: Foot

Start Date: 7/10/12 Start Qty: 20.00

Required Date: 8/03/12 Req'd Qty: 20.00

Reference:

Approvals: Process Plan: Date: Tooling: SPC (Y/N):
QC: Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours
130	CONVENTIONAL MILLING MACHINE	0.00
130	Memo 1- Drill hole to finish size as per dwg D3787 2- Deburr hole as per dwg D3787	0.00
140	QC5- Inspect part completeness to step on W/O	0.00
140	Memo	0.00
150	Identify as per dwg & Stock Location	0.00
150	Memo	0.00

Work Order ID 87455

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Item ID: D3787-1

Revision ID:

Item Name: Foot

Start Date: 7/10/12 Start Qty: 20.00

Required Date: 8/03/12 Req'd Qty: 20.00

Reference:

Approvals: Process Plan: M L J Date: 12/07/19 Tooling: Date:
QC: Date: SPC (Y/N): Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
100	PURCHASING	0.00							
100	Memo	0.00							
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110	Memo	0.00							
120	QC6- Inspect dimensions to drawing	0.00							
120	Memo	0.00							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE

Work Order: _____				DISPOSITION		Skid-tut	
Part No. _____				Rework <input type="checkbox"/>		Machinir	
NCR No. _____				Scrap <input type="checkbox"/>		Thermoformii	
				Use-as-is <input type="checkbox"/>		Large F	
				Work Order Update <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng		
Doc/Data							
Equip/Tooling							
Operator							
Material							
Setup							
Other							
Process							
Supplier							
Training							
Unapproved							
FAULT CATEGORY							
Landing Gear		General					
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection In					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance					
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misread					
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Offset					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Out of Calib					
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Seq					
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Outside Dir					
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio						

H:/FORMS/Quality Assurance\approved QA/NCRWO Rev G

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____				Rework <input type="checkbox"/>		Skid-tube <input type="checkbox"/>		Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>		Engineering <input type="checkbox"/>	
NCR No. _____				Scrap <input type="checkbox"/>		Machining <input type="checkbox"/>		Small Fab <input type="checkbox"/>		Prod. Eng. Coord. <input type="checkbox"/>		Quality <input type="checkbox"/>	
				Use-as-is <input type="checkbox"/>		Thermoforming <input type="checkbox"/>		Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>		Other <input type="checkbox"/>	
				Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>		Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear				General									
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain		<input type="checkbox"/> Bend		<input type="checkbox"/> Grain		<input type="checkbox"/> Ovalized		<input type="checkbox"/> Pressure/Forced			
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware		<input type="checkbox"/> BOM/Route		<input type="checkbox"/> Hardware		<input type="checkbox"/> Over/Under tolerance		<input type="checkbox"/> Temperature/Cure			
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection In		<input type="checkbox"/> Broken/Damaged		<input type="checkbox"/> Inspection Incomplete		<input type="checkbox"/> Part Incorrect		<input type="checkbox"/> Weld			
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions		<input type="checkbox"/> Burrs		<input type="checkbox"/> Instructions Incomplete/Unclear		<input type="checkbox"/> Part Lost/Missing		<input type="checkbox"/> Wrong Stock Pulled			
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance		<input type="checkbox"/> Contamination		<input type="checkbox"/> Maintenance		<input type="checkbox"/> Part Moved					
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misread		<input type="checkbox"/> Countersink		<input type="checkbox"/> Misread		<input type="checkbox"/> Positioned Wrong					
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Offset		<input type="checkbox"/> Cut Too Short		<input type="checkbox"/> Offset		<input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Other			
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Out of Calib		<input type="checkbox"/> Drill Holes		<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Seq		<input type="checkbox"/> Drawing		<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Outside Dir		<input type="checkbox"/> Finish		<input type="checkbox"/> Outside Dimensions							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio			<input type="checkbox"/> Folio									

H:/FORMS/Quality Assurance\approved QA/NCRWO Rev G

Work Order ID 87455

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Item ID: D3787-1 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Foot
Start Date: 7/10/12 Start Qty: 20.00 ***20*** Cust Item ID:
Required Date: 8/03/12 Req'd Qty: 20.00 ***20*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	QC21- Final Inspection - Work Order Release	0.00							
160									
QC	Memo	0.00							
Quality Control									

MLJ 12/08/24
MF 12-08-23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

July-19-12 9:50:15 AM

Page 1

Work Order ID: 87455

Parent Item: D3787-1

Parent Item Name: Foot

Start Date: 7/10/12

Required Date: 8/03/12

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP Rev:A 08-05-20 new issue DD verified by: LL
IPP Rev:B 08-06-17 rev.A as per dwg DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Rin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MS220341B Foot		Purchased	No			100	Each	0.0000	1	20		20 8/12-8-20	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

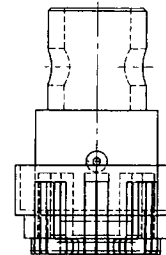
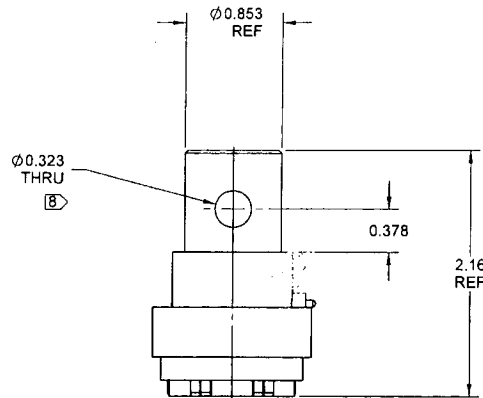
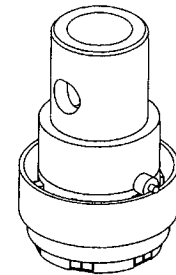
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
--	---	---

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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SPECIFICATION CONTROL DRAWING



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 87455 MLCJ
12/07/19

DART PART NUMBER	MILITARY PART NUMBER	BHT PART NUMBER	STUD DIAMETER	FOOT HEIGHT
D3787-1	MS22034-1B	205-070-786-001	$\varnothing 0.853$	2.16

RELEASED
08-06-16

D3787-1 FOOT

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.13 lbs
- 8) DRILL $\varnothing 0.323$ HOLE 0.378 FROM SHOULDER, TOUCH UP WITH ALODINE AFTER DRILLING

A	NEW ISSUE	HS	08.06.04
REV.	DESCRIPTION	BY	DATE
DESIGN	HS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	HS	DRAWING NO.	REV. A
CHECKED	py	D3787	SHEET 1 OF 1
MFG. APPR.	7/2/16	TITLE	SCALE
APPROVED	7/2/16	FOOT	NTS
DE APPR.		COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	
DATE	08.06.04		

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other



**AUTO PARTS • PIÈCES D'AUTO
TRUCK PARTS • PIÈCES DE CAMION
PERFORMANCE PARTS • PIÈCES DE PERFORMANCE
TIRES • PNEUS**

www.bensonautoparts.com



C-11089

Past due accounts bear 2% interest per month (24% per annum). If this account is placed with a 3rd party collection, an administrative cost of 25% will be added. All exchanges and refund claims must be accompanied by this invoice. Electrical parts not returnable. All parts returned are subject to 20% handling charge. All merchandise sold on this invoice remains the vendor's property until this invoice is paid in full.
TERMS: Payment due on 10th day of the following month.

Aucun remboursement sans cette facture. Net 30 jours, 2% de frais d'intérêt par mois (24% par année) sur compte en souffrance. 20% de frais de manutention sur toute marchandise retournée. Clause pénale une indemnité de 25% sera chargée sur compte sujet à des procédures légales. Les marchandises mentionnées sur cette facture demeurent la propriété du vendeur tant qu'elles ne seront pas entièrement payées. Pièces électriques non-retournable.
TERMES: Compte payable le 10 du mois suivant.

SIGNATURE _____

TVQ: 1016330716 TQ0001 — HST / TPS: 10035 3366 RT001

Thank You

1000 RUE LANDSDOWNE
TEL: (613)632-1191

HAWKESBURY, ON K6A 1H7
FAX: (613)632-2350

Merc

WHEELS SHOULD BE TORQUED AFTER 100KMS THANK YOU FOR YOUR BUSINESS

113336 (613)632-5200		113336		DATE 8/20/12 10:00 11MLZZZ											
PART AEROSPACE LTD. 270 ABERDEEN STREET HAWKESBURY ON K6A 1K7		EXPEDITER *** SAME ***		PO: 17512											
ORD / COM	SHIP / EXP	CODE	PART No / PIÈCES	DESCRIPTION	LIST / CHACUN	COST / COÛTANT	EXTENSION								
8	8	TWD>	KIN32334	12 JAW CHR LEG STU BOV: KND <i>Elnokh</i>	111.60	84.95	679.60								
			direct kinedyne = ms220341b back order 2 week slip # 16552 sales 23986												
			8 ***												
			PIECES/CORE TOT												
INVOICE No / FACTURE 11160921		TYPE / SORTE INVOICE		TOTAL		DISC / ESC		FRT / TRANS		HST / TPS		TVQ		AMT to PAY / À PAYER CONTINUED	



**AUTO PARTS • PIÈCES D'AUTO
TRUCK PARTS • PIÈCES DE CAMION
PERFORMANCE PARTS • PIÈCES DE PERFORMANCE
TIRES • PNEUS**

www.bensonautoparts.com



C-11089

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TERMS: Payment due on 10th day of the following month.

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TERMES: Compte payable le 10 du mois suivant.

SIGNATURE _____

TVQ: 1016330716 TQ0001 — HST / TPS: 10035 3366 RT001

Thank You

1000 RUE LANDSDOWNE
TEL: (613)632-1191

HAWKESBURY, ON K6A 1H7
FAX: (613)632-2350

Merc

WHEELS SHOULD BE TORQUED AFTER 100KMS THANK YOU FOR YOUR BUSINESS

113336 (613)632-5200		113336		DATE 8/20/12 10:00 11MLZZZ											
PART AEROSPACE LTD. 270 ABERDEEN STREET HAWKESBURY ON K6A 1K7		EXPEDITER *** SAME ***		PO: 17512											
ORD / COM	SHIP / EXP	CODE	PART No / PIÈCES	DESCRIPTION	LIST / CHACUN	COST / COÛTANT	EXTENSION								
			SHIP VIA	242											
INVOICE No / FACTURE 11160921		TYPE / SORTE INVOICE		TOTAL 679.60		DISC / ESC 0.00		FRT / TRANS 0.00		HST / TPS 88.35		TVQ 0.00		AMT to PAY / À PAYER 767.95	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO17512

Purchase Order Date 7/20/12

PO Print Date 7/20/12

Page Number 1 of 1

Order From :

VC-AUT001

AUTO PARTS EXTRA
1000 RUE LANSDOWNE
HAWKESBURY, ON K6A 1H7
CA

Contact Name

Vendor Phone

613 632 1191

Vendor Fax

613 632 2350

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
6/20/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	MS220341B	Foot	8/17/12 Yes	20.00 Each	Yours ppd	\$84.9500	\$1,699.00

Special Inst: AS PER DWG D3787 REV. A
B87455
AUTO PART P/N: 32334

McC #2 6/20/12
new 8x

PO Total:

\$1,699.00

SP 12-8-26

**CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY**

Change Nbr: 1

Change Date: 7/20/12

No substitution or deviation without consent.

Certificate of Conformity or Material
Certification required **YES** NO

